

CONTRA COSTA HEALTH SERVICES  
CONTRA COSTA REGIONAL MEDICAL CENTER

VAGINAL TRIAL OF LABOR  
PHYSICIAN CHECK LIST

Draft #3  
6-26-09

REQUIRED CRITERIA FOR VTOL

- ☐ One prior cesarean delivery **or** two prior cesarean deliveries and one successful vaginal delivery
- ☐ All prior cesareans with low transverse uterine incision as determined by either:
  - A. Records reviewed (expected for US cesareans and required for cesarean at less than 32 weeks gestation, myomectomy, or history of cesarean for transverse lie)
  - or**
  - B. History of prior cesarean(s) reviewed with patient and consistent with usual low transverse uterine incision.
- ☐ Greater than 6 months from prior cesarean to conception of this pregnancy
- ☐ Spontaneous Labor
  - or**
  - Medically indicated induction and Bishop's score >5
  - or**
  - Medically indicated induction and at least one successful vaginal delivery
- ☐ Consent obtained including a discussion of the risks and benefits of VTOL including the possibility of uterine rupture and fetal hypoxia or death and information regarding the expected process of labor and delivery.
- ☐ Patient informed of the option of repeat elective cesarean delivery and associated risks including information on the expected process of surgery and recovery
- ☐ Patient agrees to increased fetal surveillance, including internal monitors when indicated (FSE when membranes ruptured, IUPC if pitocin and epidural)
- ☐ Patient understands that treatment of dysfunctional labor with medications such as pitocin may increase her risk of uterine rupture. If pitocin is used for an induction it will be discontinued after 24 hours if she is not yet in the active phase of labor.
- ☐ She understands that she may request a repeat cesarean during labor but that laboring and then having a cesarean is higher risk than a vaginal delivery or elective cesarean.
- ☐ VTOL nursing check list initiated
- ☐ Circumstances of prior cesarean, EFW, and maternal stature reviewed and consistent with significant chance of success for vaginal delivery.

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- ☐ **Criteria not met. Repeat cesarean delivery recommended.**

Attending: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Resident: \_\_\_\_\_ Signature: \_\_\_\_\_

## INFORMATION FOR PHYSICIANS

### Benefits of VTOL

- More natural birth
- More family present
- Recovery with baby
- Faster maternal recovery
- Baby less likely to be in Nursery for TTN
- More successful breastfeeding
- Decreased risk placental problems with subsequent pregnancies
- Decreased surgical risk—bleeding, infection, injury to other organs, anesthetic
- Decreased surgical risk with future pregnancies

### Benefits of Repeat Cesarean

- Usually scheduled time
- Decreased risk of uterine rupture and associated risk to fetus
- No labor, or risk of labor with elective cesarean
- State Disability for 8 rather than 6 weeks
- Less trauma to vaginal/perineal area

Success rate is impacted positively by multiple factors such as number of vaginal deliveries, fetus not LGA, functional labor, prior cesarean not for CPD, single gestation. Best candidates have high success rate (mathematical modeling suggests success rate of 70% needed to balance risk).

### Success Rates

- All patients about 70% (approximate percents)
- Spontaneous labor 75-80%
- Spontaneous labor, do not suspect fetal macrosomia, <41 weeks 80%
- Above with prior vaginal delivery close to 90%
- Induced labor, prior vaginal delivery, favorable cervix 80-90%
- Induced labor, no prior vaginal delivery, unfavorable cervix 45%

### Risk rate goes up with longer and more difficult labors.

All patients risk of uterine rupture	0.7%	Fetal death or brain damage 1:2000
Spontaneous labor uterine rupture	0.4%	Fetal death or brain damage 1:4000
Induced labor, no prior vaginal del	1.3%	Fetal death or brain damage 1:1000